

COMMONWEALTH OF VIRGINIA
Department of Health Professions - Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4515 – PHONE (804) 527-4455 – FAX
web: www.dhp.virginia.gov email: nursebd@dhp.virginia.gov

**INSTRUCTIONS FOR FILING APPLICATION
FOR CERTIFICATION AS A MASSAGE THERAPIST BY ENDORSEMENT**

APPLICATION: Complete the application form and **return it with the required fee** to the address shown above. Complete the affidavit on page 3 and have it ***notarized*** by a notary public.

CERTIFICATION/LICENSE VERIFICATION FORM: **COMPLETE ONLY THE TOP PORTION OF THE CERTIFICATION/LICENSE VERIFICATION FORM** and send it to the licensing/certifying authority where you were originally certified or licensed by examination. You are responsible for any fee your original authority may require to complete the form. Delays may be avoided by inquiring about these fees in advance. Your original licensing/certifying authority will send the form to this office. Verification forms received in this office prior to receipt of your application will be retained on file for **no longer than 90 days**. **If your application is not received within this time, you must request another form to be completed and sent to this office.**

NAME CHANGE: If your name on the application for Virginia Certification is different from the name on file with your original licensing authority, a copy of your marriage certificate or the court order authorizing the change must accompany your application.

FOR APPLICANTS EDUCATED IN OTHER COUNTRIES: If your massage therapy education was received in another country and you are not licensed/certified in another state in the U.S.A., contact this office before filing this application.

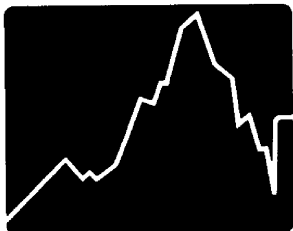
An incomplete application for certification will be retained on file only as required for audit. If not completed within one year, a new application may be necessary.

PLEASE NOTIFY THIS OFFICE WITHIN THIRTY DAYS OF A NAME CHANGE OR ADDRESS CHANGE.

***** In accordance with §54.1-116(A) of the *Code of Virginia*, you are required to submit your Social Security Number or your Control Number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded.**

This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

*****In accordance with §54.1-116(B) of the *Code of Virginia*, foreign nationals who are otherwise qualified as an applicant for a license, certificate or registration may be issued a temporary license or authorization to practice, effective for not longer than 90 days.**



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FOR OFFICE USE ONLY

File #	Fee	Verification Filed	Acknowledgement Sent
Approved	Certificate Number 0019-	Date Issued	Original State

APPLICATION FOR CERTIFICATION BY ENDORSEMENT
MASSAGE THERAPIST

I hereby make application for certification as a **massage therapist** in the Commonwealth of Virginia. The following information in support of my application is submitted with a **check or money order** in the amount of **\$140** made payable to the *Treasurer of Virginia*. **The application fee is non-refundable.**

Disclosure of Addresses

Some licensees have expressed concern that their residence address is accessible to the public. Consistent with Virginia law, a licensee's address of record is public information. However, it is permissible for an individual to provide an address of record other than a residence, such as a Post Office Box or a practice location. Changes of address may be made at the time of renewal or at anytime by written notification to the appropriate health regulatory board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address provided.

1. Identifying Information

APPLICANT - Please provide the information requested below and on the next two pages. (Print or Type)					
Name:	Last	Suffix	First	Middle Use full name, not initials.	Maiden
Street Address					
City		State		Zip Code	
Date of Birth (MM/DD/YY)		Social Security Number or Virginia DMV Control Number			Area Code & Telephone Number
Email Address					
Print your name as you wish it to appear on your certificate:					

2. Education Information

Name of Education Program:

Address of Education Program:

Date Program Completed:

Length of Program in Hours:

Program accredited/approved by: (Name of State Agency)

3. Examination and Certification Information

Title of Examination: (Check which applies)

☐ NCETMB ☐ NCETM ☐ MBLEX ☐ OTHER _____

Date Passed:

/ /

Name of Certifying Organization: (Check which applies)

☐ NCBTMB ☐ FSMTB ☐ OTHER _____

Expiration Date:

/ /

4. Certification/Licensure History

- a. For applicants who have been certified or licensed in another state:

State of original certification/licensure _____ Year _____ Certificate/License number _____

1. In what other states have you been certified or licensed as a massage therapist?

State _____ Year Certified/Licensed _____ Certificate/License Number _____

State _____ Year Certified/Licensed _____ Certificate/License Number _____

State _____ Year Certified/Licensed _____ Certificate/License Number _____

State _____ Year Certified/Licensed _____ Certificate/License Number _____

- b. Please answer **YES** or **NO** to ***EACH*** of the following:

Has any certificate or license issued to you been voluntarily surrendered to any licensing authority in any jurisdiction **YES** ☐ **NO** ☐ , placed on probation **YES** ☐ **NO** ☐ , suspended **YES** ☐ **NO** ☐ revoked **YES** ☐ **NO** ☐ , or otherwise disciplined **YES** ☐ **NO** ☐ or has your practice ever been the subject of an investigation by any licensing board **YES** ☐ **NO** ☐ ? **If yes, please explain in detail on the next page.**

Is your certificate or license in good standing in all jurisdictions where licensed? **YES** ☐ **NO** ☐ . **If no, please explain in detail on the next page.**

5. Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor? (Including convictions for driving under the influence, but excluding traffic violations)? **YES** ☐ **NO** ☐ **If yes, please explain in detail on the next page and have a certified copy of the court order sent directly to the Board of Nursing.**
6. Do you have a mental, physical or chemical dependency condition which could interfere with your current ability to practice as a massage therapist? **YES** ☐ **NO** ☐ **If yes, please explain in detail on the next page and have a letter from your treating licensed professional summarizing diagnosis, treatment and prognosis sent directly to the Board of Nursing.**

PLEASE BE SURE THAT YOU HAVE ANSWERED EACH OF THE ABOVE QUESTIONS. Including #5 and #6.

EXPLANATIONS:

AFFIDAVIT
(To be completed before a Notary Public)

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for certification as a massage therapist in the Commonwealth of Virginia; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

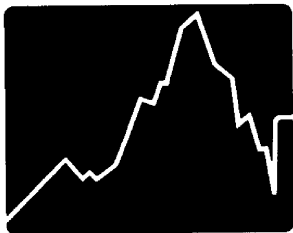
Signature of Applicant

Subscribed to and sworn to before me this _____ day of _____, _____.

My commission expires on _____.

SEAL

Signature of Notary Public



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MESSAGE THERAPIST
CERTIFICATION/LICENSURE VERIFICATION FORM

TO THE APPLICANT: Complete the top portion **only** and send to the licensing authority in the state(s) where you were certified or licensed as a massage therapist (**fee may be required**).

Name – Last	First	Middle	Social Security Number or Virginia DMV Control Number
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Address

License or certification number:

Year Issued:

Name on Original License:

TO THE LICENSING AUTHORITY: Please provide information requested and mail form to the Virginia Board of Nursing.

APPLICANT'S FULL NAME:

Last	First	Middle	Maiden
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Was school approved/accredited at time applicant graduated?

YES ☐ NO ☐

Date Program Completed:

Name of School _____

Location: _____

Title of Examination ☐ NCETMB ☐ NCETM ☐ MBLEX ☐ OTHER _____

Name of Certifying Organization ☐ NCBTMB ☐ FSMTB ☐ OTHER _____

License/Certificate Number _____ was granted on ____/____/____ expires ____/____/____

By: ☐ examination ☐ endorsement ☐ waiver ☐ other _____

Status of license/certification: ☐ Current ☐ Lapsed ☐ Inactive ☐ other _____

Has license/certificate ever been suspended, revoked or otherwise disciplined? YES ☐ NO ☐ *If yes, please attach certified copy of order issued by the certifying/licensing body.*

I certify the above information to be true in every respect, according to the record on file with the _____
_____ Licensing/Certifying Authority.

Date

SEAL

Executive Director

COMMONWEALTH of VIRGINIA
Department of Health Professions
Virginia Board of Nursing

MASSAGE CERTIFICATION CHECKLIST

To expedite the processing of your **NEW MESSAGE CERTIFICATION APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying. Please indicate the supporting documents you have included with this package or have requested be sent directly to our office. *****If you have ever been licensed or certified in another U.S. jurisdiction with requirements substantially equivalent to those stated in 18VAC90-50-40 of the Regulations Governing the Certification of Massage Therapist for Virginia, you should be completing an application to apply by endorsement.***

EXAMINATION

Checklist of Supporting Documents required

- ☐ A completed application for Certification
- ☐ A signed & notarized application affidavit
- ☐ \$140.00 application fee in the form of a check or money order made payable to **Treasurer of Virginia**
- ☐ Name Change Document if any of your supporting documentation is in a different name (Acceptable forms are marriage certificate, divorce decree or court order)
- ☐ Official Transcript (if in a language other than English, a certified translation is required) ***** official transcript must be mailed to our office directly from school***
- ☐ Exam Results
 - ☐ National Certification Exam Results (NCETM or NCETMB) ***** official exam results must be sent to our office directly from the NCBTMB***
 - or -**
 - ☐ Massage & Bodywork Licensing Exam Results (MBLEx) ***** official exam results must be sent to our office directly from the FSMTB***
- ☐ A copy of your NCBTMB Certificate if you tested under the NESL option
- ☐ **Detail** letter of explanation of conviction(s)
- ☐ Certified Court Order(s) *****certified documents must be mailed directly to our office from court***
- ☐ Proof **all** court ordered requirements have been met (for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, status of probation)

ENDORSEMENT **

Checklist of Supporting Documents required

- ☐ A completed application for Certification
- ☐ A signed & notarized application affidavit
- ☐ \$140.00 application fee in the form of a check or money order made payable to **Treasurer of Virginia**
- ☐ Name Change Document if any of your supporting documentation is in a different name (Acceptable forms are marriage certificate, divorce decree or court order)
- ☐ Official Verification of licensure/certification from **each** state in which you have **ever** been licensed/certified in massage.
- ☐ Official Transcript- ***needed if education information not provided by verifying state of licensure/certification (if in a language other than English, a certified translation is required) ** official transcript must be mailed to our office directly from school***
- ☐ Exam Results- ***needed if examination information not provided by verifying state of licensure/certification***
 - ☐ National Certification Exam Results (NCETM or NCETMB) ***** official exam results must be sent to our office directly from the NCBTMB***
 - or -**
 - ☐ Massage & Bodywork Licensing Exam Results (MBLEx) ***** official exam results must be sent to our office directly from the FSMTB***
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